Leadership Training: What are the benefits?

European Federation of Psychiatric Trainees
An Insider’s Perspective

TrON Update

The Eighth Annual Practical Cognition Course

Plus regular news, features and events
Welcome to the first edition of 'The Registrar' of 2016. I hope the year is treating you all well so far, and for those of you who have recently changed jobs, I hope you are settling in nicely!

I started my last update in ‘The Registrar’ by discussing the junior doctor contract debacle. I sincerely hoped my next mention of it would be to congratulate all involved on having reached a satisfactory resolution. Unfortunately, this was not to be and you will know that our Secretary of State, Jeremy Hunt has gone ahead and imposed upon us the junior doctor contract to commence in August 2016. The ensuing anger from junior doctors was inevitable, but of greater concern to me is the uncertainty that this contract imposition has brought to you, our trainees. I’d like to reassure you all that I am in close liaison with the College Officers to consider how best we can support you over coming months, and I hope you found our recent letter encouraging. If you haven’t seen it yet, you can find it here http://www.rcpsych.ac.uk/pdf/RCPsych_Letter_to_all_Junior_Doctors_in_Psychiatry_12022016.pdf

With this uncertainty comes anxiety, and it would be remiss of me not to acknowledge this. I’d like to take this opportunity to remind you all that within the College there is the Psychiatrists’ Support Service which offers free, confidential advice and support. More details can be found here - http://www.rcpsych.ac.uk/workinpsychiatry/psychiatristssupportservice.aspx

Right, let’s lighten the mood. I was recently at the College for a dinner with the 4th cohort of Pathfinder Fellows and if they are anything to go by, the future of psychiatry is in safe hands. The talent and ambition they have shown to be selected is, quite frankly, incredible. For those of you who aren’t aware, Pathfinder Fellowships are awarded by the College to gifted medical students in their penultimate year who are interested in a career in psychiatry. The College goes on to support them in a number of ways over 3 years (more info - http://www.rcpsych.ac.uk/discoverpsychiatry/studentassociates/prizesandbursaries/pathfinderfellowships.aspx). It would be great if you all were to mention this to medical students in your region and support them in applying. I think it’s important we all do what we can to safeguard the future of our exceptional profession!

The PTC is continuing to work on a number of projects to improve your training, and I am lucky to be assisted by a very capable committee. We are finalising our document to support trainees who have the unfortunate experience of caring for a patient who commits suicide, we are finishing our programme for a ‘Return to Practice’ event, and looking to help those trainees who are interested in ‘Out Of Programme’ experiences (OOP) with the development of appropriate resources. There is on-going work considering the impact of Shape of Training, but there has been little progress here given attentions have been understandably focused elsewhere.

Finally, I hope you enjoy reading this edition of 'The Registrar' which contains within it a variety of interesting articles. I’d like to draw your attention to Dr Jawahar’s article on clinical leadership training. This is an important and growing area within psychiatric training and it would be great if you were to put yourselves forward for such opportunities. Now a shameless plug; of course the PTC offers leadership and management opportunities and nominations for representatives in a number of regions are open until February 18th 2016. I’d urge you all to put yourselves forward, if not this year, then next. Information can be found here - http://www.rcpsych.ac.uk/traininpsychiatry/trainees/ptc.aspx#Elections

As ever, if you’d like to comment on anything I’ve mentioned here or anything else, you can contact me through ptcsupport@rcpsych.ac.uk, via Twitter (@RCPsychtrainees) or on our Facebook page (https://www.facebook.com/Psychiatric-Trainees-Committee-186606754737390/)

Enjoy! Matt
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Clinical Leadership Training

What are the benefits?

Over the last 5 years, leadership and management fellowships have grown in popularity amongst doctors in training. These include local initiatives, such as Quality Improvement Fellows within Health Education East Midlands, local health economy opportunities (e.g. Darzi Fellows) and national schemes, including the National Medical Director’s Clinical Fellow Scheme. They look to develop clinician skills in leadership and management, an item included on postgraduate medical curricula across specialties, but one that is ambiguous and proves hard to evidence. Anecdotally there are issues in securing time out of programme to embark on such schemes due to this very issue.

Whilst research and medical education fellowships have discrete outcomes within a given time frame, the benefit of a leadership and management fellowship is hard to articulate. The current focus of undergraduate and postgraduate medical training focusses on clinical skills. These rightly include the so-called ‘soft skills’ – our ability to interact with others harmoniously. This, however, is often limited to patients and our immediate teams. Perhaps by proxy we learn presenting skills, and through representative work (if that’s your cup of tea) we can learn about policy and public speaking. But then we go to our first consultant interviews and our leadership and management competencies are typically evidenced by an expensive coaching course we attended a couple of months ago.

The Shape of Training Review places teamwork, management and leadership as a generic capability as part of the broad-based specialty training pathway – so it’s a priority going forward, integrated into clinical training. The Darzi Fellowship scheme was evaluated in 2010 and found the impact on the fellows was far-reaching with respect to their personal goals and development and contributed to positive organisational change within their hosts. The longer term benefits are yet to be measured, however work by Goodall (2012) suggests doctors as CEOs in healthcare organisations have better performing organisations on patient outcomes. They attribute this to the workforce’s perception of their leader as clinically credible – the ‘expert leader’. What I’m hoping to convey here is that there is an existing evidence base for such schemes. Within the current NHS context and

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projections of where healthcare is moving. I would go further and say they are becoming essential.

My subjective personal growth as a leadership and management fellow in my first four months has been substantial. I have gained or improved skills in verbal and written communication, NHS structural knowledge, assurance procedures, presenting, public speaking and political awareness. I personally feel more able to affect organisational change through engaging relevant stakeholders to improve the service for patients – even within the challenging context the NHS faces. We, as clinicians, will be expected to do more and more to drive our services forward for our patients. I feel ready to do this.

People often ask why I am ‘wasting’ a year on a leadership scheme – sadly this sentiment often reflects their own cognitive dissonance in a skill they are bereft of. There are several parallels here with parity of esteem; the notion where psychiatry is belittled by other medical specialties as ‘not real medicine’, and political mandate sidelines the needs of our challenging patient population. I could not recommend the leadership fellowship more highly – it will change the way you think and act, it will develop skills you would not have utilised otherwise, and, most importantly, it will benefit your patients and the NHS.

Conflict of interest: Dr Kaanthan Jawahar is seconded to the NHS Trust Development Authority as part of the National Medical Director’s Clinical Fellow Scheme. This article expresses his personal views and does not reflect the views held by the NHS Trust Development Authority.

References

You will probably know the EFPT from the Exchange Programme that many of you have participated in. While some of you went abroad, others hosted European colleagues here in the UK.

You have probably also heard about the EFPT Forum (EFPT’s annual meeting) held in 2014 in London, under the UK’s presidency (http://efpt.eu/efpt-forum-london-2/). We had over 100 international delegates, representatives of 31 countries, and 21 speakers in a five-day meeting where we shared experiences about areas of excellence and challenges faced by trainees across Europe and brainstormed ideas. With a fantastic organising committee we worked hard to find funding, and develop the scientific and social programme, which was rated very good or excellent by 85% of the attendees.

But there is much more to the EFPT. And I am not just talking about the social events!

I gained my first insights about what was happening in psychiatry outside the UK in 2010. At my first meeting, the Dubrovnik Forum, I was warmly welcomed into the Research working group. Having been involved in medical education projects in the Maudsley training scheme and in the PTC, I proposed a project to look at the teaching experience of psychiatric trainees across Europe. The results informed the revision of the European curriculum set by the European Union of Medical Specialists (UEMS).

The networking that started at that meeting continued throughout the year, and in 2011 at the Prague Forum I proposed a new working group to launch the EFPT Exchange Programme which I chaired. It was an immensely rewarding experiencing. In 2012, enthused by the impact that this could bring to trainees at local level, I decided I would apply for an officer position. I was incentivised to apply for the presidency and winning meant we brought the Forum to London and that I spent three years (2012-2015) on the board.

Through the years we worked to increase engagement with patients, families, and with students to promote recruitment, which like in the UK, is...
an issue in the majority of the countries. We also improved EFPT’s visibility and interaction with trainees through social media @EFPTTrainees (https://twitter.com/efptrainees) and the creation of a newsletter. EFPT helped the establishment and maintenance of national trainee associations, which now exist in every country to promote quality training. The new “Test Your Own Training” Online Tool (a UEMS-EFPT project) aims to allow trainees to immediately assess how their own training compares to the European standards, thereby empowering trainees both in their own setting (e.g. with their supervisors) and in general (through revision of training standards). The Exchange programme continued expanding and the UK will apply again for EU funding for UK trainees.

There were many other projects worth mentioning which impacted on trainees. But what I enjoyed the most about my time with EFPT were the people I met, and how working together we were able to achieve so much.

I admired the cohesiveness and enthusiasm of those with whom I worked, who were selfless enough to work for their fellow colleagues. I believe the remarkable success of EFPT over the past 24 years is largely due to the energy that is born from bringing such a diverse group of people together.

I am very grateful to the support I received from the College and colleagues. I feel very privileged to have been part of EFPT’s activities. I learnt a lot and made many friends. As my term on the board came to an end at last year’s Forum in Porto, I am pleased that the UK’s contribution will continue with Howard Ryland being elected as secretary-general. I wish him and everyone that they have as much fun as I did.
A European Survey – please take part!

EFPT Psychoactive Substance Use Disorders Study

Introduction

What is it for?
The main aim of this survey is to find out what psychiatric trainees know/have learned about psychoactive substance use disorders in their training, their opinions and attitudes on substance misuse/addiction psychiatry.

Who should fill it in?
You should fill in this questionnaire only if you are currently a psychiatric trainee, and your training is based in Europe (Europe being the 47 countries of the Council of Europe plus Israel and Belarus).

Who is running this study?
This is a research project being conducted by the EFPT (European Federation of Psychiatric Trainees) working group on Psychoactive Substance Use Disorders (EFPT-PSUD WG; more info available at http://efpl.eu/wordpress/working-groups/psychoactive-substance-use-disorders-wg/).

How long does it take?
It takes around 10 minutes to complete it. We would really appreciate it if you could take the time to fill all 4 sections of the survey.

Your responses will be absolutely anonymous and confidential.
We do not need your name nor your contact details. To help protect your confidentiality, the survey will not contain information that will personally identify you.

Your answers will be seen only by our research group. The findings of this study will be used for research purposes only.
If you have any questions about the research study, please contact psud-wg@efpl.eu.

https://www.surveymonkey.com/r/EFPT-PSUDstudy
When I applied for the job of Trainees Online (TrOn) Trainee Editor two years ago, TrOn was a small but extremely enthusiastic team behind a great idea. Wendy Burn, in her role as Dean of the Royal College of Psychiatrists, found an opportunity to develop a learning resource for MRCPsych preparation that would harness the experience of post-membership trainees and make it available to the entire cohort of core trainees in the form of online learning modules aligned to the membership examination syllabus.

My role started with the task of pairing volunteer trainees with specific areas of the Basic Sciences syllabus, which had been divided up into approximately 70 chunks. Each of these prospective modules was intended to be a 1h online learning experience that would be accompanied by key reading; in combination, these would provide trainee learners with a balance of taught and self-directed materials to prepare for the MRCPsych. I have now been involved in numerous recruitment rounds, seeking trainees with recent MRCPsych experience as authors or co-authors for modules.

I am utterly astonished by the wealth of talent that has emerged every time we have sought to commission further modules. Reflecting on the incredible potential of colleagues who are such wonderful teachers, TrOn not only offers a learning aid for junior trainees but also provides an amazing platform for senior trainees with a passion for education. I have no doubt that any sensible trainee will be considering their CV as they apply to write a module, but the altruism of this group is also overwhelming; an immense amount of work goes into creating a module. The positive attitude of trainees during the lengthy module production process, and attention to detail that will benefit the learner audience has impressed me and everybody else who has witnessed TrOn’s progress.

A handful of College staff with experience of online learning with CPDOnline were identified as the skilled group who could transform trainee authors’ written content and ideas about interactive learning into beautiful, engaging modules, and as much as I believed I would never (ever) touch MRCPsych material again once my own membership was behind me, my inner geek now has to admit that these modules make you want to learn. See for yourself! All trainees registered with the College can log in and access the materials using your RCPych login details. Core trainees are in for a treat, with quality-
assured materials organised around the syllabus at your fingertips. You can use TrOn to nudge your supervisors to be involved in your MRCPsych revision, using discussions about the clinical relevance of module (and, therefore, syllabus) content to focus supervision sessions according to your needs. Higher trainees, we have - with a sense of pride and a hint of trauma - held onto our revision notes, thinking “one day they might be useful for clinical work”, but it’s time to dispose of them. TrOn is up to date and is quality-assured by experts in each subject area, so you can use the modules to top up on your knowledge of the fundamental principles that underpin psychiatric practice (many of which were miraculously wiped from your memory the day you passed the CASC). Of course, you will already have spotted the opportunity to use the modules to prepare your own teaching sessions; nobody enjoys being outdone by the Core Trainee.

Several months ago, TrOn was granted continued support from the PTC and College, enabling it to expand the scope of modules beyond basic sciences (knowledge of which is assessed in Paper A) to cover critical review and clinical topics (Paper B). We have welcomed two additional trainee editors to the team, Amy Manley and Clare Fenton, both of whom have brought with them new perspectives and creativity to the project, and who have significantly increased the capacity of the team to move modules forward across the entirety of the MRCPsych syllabus. An ambitious schedule of module production lies ahead, but we recognise how important it is for learners to be able to access as much content as possible that is relevant to the examinations during the difficult but rewarding process of attaining membership.

Two years after becoming involved with TrOn, having the privilege of working with so many peers across the world (yes, even trainees now living abroad are writing modules) makes this one of my most treasured experiences as a trainee. I am very grateful for the incredible support that you as trainees have contributed to this valuable project; the dedication of authors and constructive feedback from both authors and learners has shaped the venture and continues to guide us in improving it as we go.

TrOn is in the process of being linked directly to Portfolio Online, to enable users to upload details of modules they have completed at the click of the button. The more you use TrOn and tell us about your experience, the better it will become. TrOn would love to hear from you if you have any ideas you would like to contribute, wish to become involved as an author, or have feedback to share with the team: vicky.walker@rcpsych.ac.uk

- [http://tron.rcpsych.ac.uk/](http://tron.rcpsych.ac.uk/)
- [http://tron.rcpsych.ac.uk/abouttron/meetthetraineeeditors.aspx](http://tron.rcpsych.ac.uk/abouttron/meetthetraineeeditors.aspx)
I think it is fairly uncontroversial to say that your typical general psychiatrist finds the assessment of cognition one of the more daunting aspects of the clinical examination. I can recall numerous conversations on the theme that people feel they ‘need to do a bit more than the ACE’, but don’t really know how to proceed beyond this other than trying to obtain the all too often hard-to-source services of a neuropsychologist. If cognition is daunting, assessment of language is a foreign land …and one where visas are seemingly only granted to speech and language therapists or the occasional researcher who has become supra-specialised in stoke or dementia.

The manual accompanying the Practical Cognition course emphasises that recent developments in cognitive neuroscience have greatly increased our understanding of how brain disease affects core psychological functions and how these manifest as disorders of cognition, language and behaviour. The stated aim of the course is to facilitate the translation of this increased understanding into better assessment and treatment of the cognitively disordered patients we encounter in routine clinical settings. I think there is a key point here, of direct relevance to that feeling that ‘my cognitive assessment should be a bit more than the ACE’. It is often not a lack of access to sophisticated neuropsychological assessment tools which is hampering our assessment of patients, but rather an inability to effectively interpret the information which is readily available to us. As so often in medicine it is pattern recognition which is crucial, and recognition of those patterns is dependent both on being able to elicit the relevant information and being aware of what the patterns we should be looking for actually are.

The 8th Practical Cognition course was delivered as five sessions over two days, with a very pleasant meal in the dramatic setting of the 6th floor restaurant of the Baltic...
Art Gallery on the Thursday night. The first session focused on the general principles of assessment. It began with Chris Butler delivering a masterful domain-based guide to taking a cognitive history, this including invaluable tips on how to elicit the most crucial information. Andrew Larner then discussed the psychometric properties of the most commonly used screening tools for dementia, this being essential knowledge given the centrality these (and particularly that great all-rounder, the ACE) play in the routine clinical assessment of cognition in the UK. Lastly Tom Kelly outlined what a neuropsychologist actually does. This was useful complemented both by a fairly detailed guide to the most commonly encountered neuropsychological tests in the course handbook, and the opportunity to ask further questions and check out samples of these tests during the course’s subsequent coffee breaks.

After the general principles session, subsequent sessions expanded on language disorders, disorders of consciousness, frontal lobe disorders and hallucinations. These sessions stuck to a format of case discussions followed by a lecture, this model both ensuring that teaching remained firmly clinically grounded and consolidating learning by embedding knowledge in both clinical experience and its theoretical underpinnings. Degenerative language disorders can be a particularly challenging topic. By opening this topic with six case discussions accompanied by videos however, the most important patterns of presentation could be memorably illustrated and the underlying diagnoses and their pathologies introduced. Jason Warren summarised the core features distinguishing the different forms of degenerative language disorders, providing an invaluable algorithm and some useful clinical pearls.

After a brief discussion of anti-NMDA receptor encephalitis, the last session prior to reconvening at the Pitcher and Piano for pre-dinner drinks was a fascinating consideration of disorders of consciousness delivered by anaesthetist David Menon. This touched on the assessment of the minimally conscious/persistent vegetative state, and the perennial question of whether level of recovery can be predicted. He then introduced cases of covert cognition detectable using fMRI, sensitively yet evocatively raising the horrendous ethical dilemmas this brings with it.

Day two covered the variety of presentations associated with degeneration of the frontal lobes, from apathy-dominant behavioural variant FTD to progressive supranuclear palsy. The crucial principle of retaking the history was nicely illustrated by a case of the latter; diagnosis was hampered by the belief falls had been associated with loss of consciousness, which transpired to simply reflect an inaccurate history. Chris Kipps then presented a state of the art dissection of the frontal lobes and their associated neural networks, translating findings from neuroscience on reward processing and social cognition to the clinical setting to explain the symptom profiles previously discussed. The course ended almost purposefully lampooning the separation of neurology and psychiatry by discussing the neuroscience of hallucinations. Introduced by cases of hallucinations occurring in the context of visual and hearing impairment, Peter Woodruff discussed why auditory hallucinations occur. He convincingly rooted their origin in spontaneous activity of the auditory cortex itself, debunking the idea they are simply a misattribution of thoughts to external origin.

As should be clear from the above, the bulk of this course is not actually about psychometric tools. This would miss the point of what clinicians actually need in their day to day practice. A description of the more commonly encountered tests used by neuropsychologists is usefully provided, but cognitive assessments in the cases discussed were based on the ACE and a small number of supplementary tests, all of which could feasibly be routinely employed in clinics or by the bedside. The message I took was that on the back of a good history in the majority of cases this should lead us to the likely diagnosis and guide hypothesis-driven requests for imaging or more detailed assessments. This is an important message, convincingly made and delivered with eloquence and in a spirit of genuine collegiality. If any more persuasion to attend the course is required, dinner (including wine) was included in the course fee!
Psychiatrists’ Support Service (PSS)
The Psychiatrists’ Support Service (PSS) is a free and confidential phone service providing support and advice to all RCPsych members (all categories, including PMPTs, associates, etc). We can also signpost to other appropriate organisations. Our advisors are all psychiatrists, working voluntarily to support their peers.
To arrange to speak to an advisor, please call 020 7245 0412.

Faculty & Section Conferences

- Forensic Faculty Annual Conference,
  Date: Wednesday 2 March - Friday 4 March,
  Location: Glasgow

- Old Age Faculty Annual Conference,
  Date: Wednesday 9 March - Friday 11 March,
  Location: Nottingham

- Medical Psychotherapy Faculty Annual Conference,
  Date: Wednesday 13 April - Friday 15 April,
  Location: Leeds

- Addictions Faculty Annual Conference,
  Date: Thursday 14 April - Friday 15 April,
  Location: Edinburgh

- Intellectual Disability Faculty Spring Conference,
  Date: Friday 22 April, Location: RCPsych, London

- Liaison Faculty Annual Conference,
  Date: Wednesday 11 May - Friday 13 May,
  Location: Birmingham

http://www.wpanet.org/detail.php?section_id=11&content_id=1703
The PTC Magazine

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